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Approved for use through 7/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 BBNT-P01-134 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/944328 Filed August 31, 2001 QUANTUM CRYPTOGRAPHIC KEY DISTRIBUTION NETWORKS WITH UNTRUSTED SWITCHES Art Unit 2131 Examiner J. E. Jackson This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 120.00 Two months (37 CFR 1.17(a)(2)) \$450 \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 February 6, 2006 Signature Date Edward A. Gordon (617) 951-7066 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of forms are submitted.

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> I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Signature

PTO/SB/17 (12-04v2) **FEB 0 8 2006** Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
der the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/944328 pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** TRANSMITTAL Filing Date August 31, 2001 First Named Inventor Brig B. Elliott For FY 2005 **Examiner Name** J. E. Jackson Applicant claims small entity status. See 37 CFR 1.27 2131 Art Unit **TOTAL AMOUNT OF PAYMENT** BBNT-P01-134 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): Deposit Account Deposit Account Number: 18-1945 Deposit Account Nam Ropes & Gray LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 500 150 250 200 100

			200	200	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FE	ES							Small Entit	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (in							50	25	
Each independent clair		ng Reissues)					200	100	
Multiple dependent cla	ims						360	180	
Total Claims E	xtra Claims F	ee (\$)	Fee Paic	1 (\$)	Mul	tiple Deper	ndent Claims	į	
	x _	= _			Fee	<u>(\$)</u>	Fee Paid (\$	<u>\$)</u>	
3. APPLICATION SIZE If the specification an listings under 37 C sheets or fraction t	FEE d drawings excee FR 1.52(e)), the	application si	ze fee due is	cluding electr	for small enti	d sequence ity) for each	or computer	0	
Total Sheets	Extra Sheets	Number	of each addit	ional 50 or fra	ction thereof	Fee (\$)	Fee I	Pald (\$)	
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4. OTHER FEE(S)	Fees	Fees Pald (\$)							
Non-English Specif		-		•					
Other (e.g., late filing surcharge): 1251 Extension for response within first month							40	120.00	

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shown below.		$\hat{}$	~	
Dated: 2/6/2006	Signature:	pane	Ryan	(Joanne Ryan)

Registration No.

(Attorney/Agent)

54,130

Telephone

Date

(617) 951-7066

February 6, 2006

Signature

Name (Print/Type)

Saward A. Gordon